

Revision: HCFA-PM-95-4  
JUNE 1995

(HSQB)

ATTACHMENT 4.35-C

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Enforcement of Compliance for Nursing Facilities

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Temporary Management: Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy.

X  Specified Remedy

(Will use the criteria and  
notice requirements speci

fied in the regulation.)

Alternative Remedy

(Describe the criteria

and notice requirements  
and demonstrate that the  
alternative remedy is as  
effective in deterring  
noncompliance. Notice  
requirements are as  
specified in the  
regulations.

TN No. 95-08

Supersedes

TN No. N/A

Approval Date 12/11/95

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